

REGISTRATION FORM

PREPARATION OF THE FORM 706

Friday, June 2, 2006 • Los Angeles

LAX Marriott Hotel

Note: One registrant per form. Photocopies may be used.

Bar Number: _____

Name: _____

Firm: _____

Firm Address: _____

City, State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail Address: * _____

* Required for e-mail confirmation

Your name and address may be disclosed.

☐ Check here if you do not want your information released.

REGISTRATION FEES (Check appropriate box)

☐ \$375 Trusts and Estates Section Member

☐ \$435 Non-Section Member
Includes enrollment in the Trusts and Estates Section for 2006

☐ \$435 On-Site Registration (On a space available basis)

CREDIT CARD INFORMATION (VISA/Mastercard Only)

I/we authorize The State Bar of California to charge my program registration to my/our VISA/Mastercard account. (No other credit card will be accepted.)

Account Number _____ Exp. Date _____

VISA or Mastercard only

Card Holder's Name _____

Cardholder's Signature _____

DEADLINE: In order to Pre-register, your form and check, payable to the **State Bar of California**, or credit card information, must be received five working days before the program.

REGISTER ONLINE: www.calbar.ca.gov/trusts

MAIL TO: Program Registrations, State Bar of California, 180 Howard Street, San Francisco, CA 94105

FAX TO: Program Registrations at 415-538-2368. In order to fax your registration, credit card information is **MANDATORY**. (*Photocopies of checks will not be accepted*)

CANCELLATION/REFUND POLICY: Cancellations and requests for refunds must be received in writing no later than May 28, 2006 and are subject to a **\$25.00** service charge. Refunds will not be available after May 28, 2006.